

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 07/30/01, 11/01/01, 01/04/02 and 02/07/02.
- b. The request was received on 06/26/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Medical Dispute Resolution
  - b. HCFAs-1500
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC and Response to a Request for Dispute Resolution
  - b. HCFAs-1500
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/02/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/05/02. The response from the insurance carrier was received in the Division on 08/13/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/19/02  
“(Carrier) denied all dates of service based on payment exception code **F Fee guideline** MAR reduction [sic] Used when the IC is reducing payment from the billed amount in accordance with the appropriate TWCC fee guidelines MAR, ....**NOT used** for reductions based on lack of documentation **or the charges for which TWCC has not established an** [sic] **MAR**. For CPT 64999 there is not an [sic] MAR. So the carrier did not use the appropriate payment exception code.... **The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions....**”
2. Respondent: Letter dated 08/13/02  
“THE PROCEDURE IN QUESTION IS AN UNLISTED CODE, 64999 ‘UNLISTED NERVOUS SYSTEM SURGERY’ [sic] ACCORDING TO THE DOCTOR’S DOCUMENTATION, THE PROCEDURE IS 4 INJECTIONS OF LIDOCAINE AND WHAT APPEARS TO BE ELECTRICAL STIMULATION-**THE DOCOTR’S** [sic] **OWN NOTES VERIFY THIS IS WHAT IS DONE**. THE PROVIDER’S CONTENTION THAT ‘OTHER CARRIERS RECOGNIZE THIS PROCEDURE’ DOES NOT MEAN THAT THE PROCEDURE IS BILLED CORRECTLY, ONLY THAT ANOTHER CARRIER DID NOT REVIEW THE CHARGES. THE CARRIER BELIEVES THAT THE PROVIDER HAS BILLED INAPPROPRIATELY AND AT A HIGHER COST THAN WOULD BE PAID HAD THE DOCUMENTED SERVICES, LIDOCAINE INJECTIONS AND ELECTRICAL STIMULATION, BILLED INSTEAD OF AN UNLISTED CODE.”

### IV. FINDINGS

1. Based on Commission Rule 133.307 (d) (1) (2), the only dates of service eligible for review are 07/30/01, 11/01/01, 01/04/02, and 02/07/02.
2. Per the provider’s TWCC-60, the amount billed is \$992.00; the amount paid is \$0.00; the amount in dispute is \$992.00.
3. The carrier denied the billed services by code, “F – SUBMITTED DOCUMENTATION INDICATES THAT THE LISTED SERVICE DOES NOT MEET THE CRITERIA IDENTIFIED IN THE FEE GUIDELINE GROUND RULE AND/OR CODE DESCRIPTION FOR REIMBURSEMENT.”

## V. RATIONALE

Medical Review Division's rationale:

CPT code, 94999, is an unlisted procedure that is a DOP with no MAR value per the Medical Fee Guideline Medicine Ground Rules. The exception denial code is an inappropriate denial code because there is no MAR value amount listed in the MFG. The exception code fails to explain to the requestor how and why the carrier denied reimbursement. The "F" denial code refers to Medical Fee Guideline MAR reduction and per the payment exception code explanation on the TWCC-62, Explanation of Benefits is "Used when the IC is reducing payment from the billed amount in accordance with the appropriate TWCC fee guideline's MAR...NOT used for reductions based on lack of documentation or for charges for which TWCC has not established an [sic] MAR." The comments listed with the "F" code are unclear as to what the carrier is requesting from the requestor.

Rule § 134.304 (c) states, "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)..." The carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions or provide the provider with sufficient explanation to allow the provider to understand the reason for the denial. The carrier failed to meet the criteria set forth in Rule § 134.304 (c), therefore, reimbursement in the amount of **\$992.00** is recommended.

## VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$992.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 22nd day of November 2002.

Donna M. Myers  
Medical Dispute Officer  
Medical Review Division

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